Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING: 01 - MAIN BUILDING 01 COMPLETED TN0401 B. WING 05/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE BLEDSOE COUNTY NURSING HOME PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY N 831 1200-8-6-.08 (1) Building Standards N 831 N 831 1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and On 05/04/2017, the penetration maintain the condition of the physical plant and 5/04/2017 the overall nursing home environment in such a by a ¼ inch metal conduit in the manner that the safety and well-being of the cross-corridor wall of A-hall was fireresidents are assured. stopped with approved fire stopping material, "SpecSeal LCI Sealant." 2. On 43/04/2017, the Director of This Rule is not met as evidenced by: Maintenance and the Assistant Based on observation, the facility falled to: Administrator initiated an inspection maintain the physical plant and overall :: of the Facility to determine if there environment were any further missing or unapproved fire-stopping material in The findings included: use. None were found. Observation on 05/01/2017 at 9:30 AM, revealed a penetration by a 1/2 inch metal conduit .in the cross corridor wall of A-hall. NFPA 101, 8.3.5 (2012 Edition) 3. Beginning 05/03/2017 the Director of Maintenance will do a Maintenance staff was present when the deficiencies were identified and the admirtistrator visual inspection of any acknowledged the deficiencies during the exit modifications or additions to the conference on 05/01/2017. facility immediately following the modification or addition to ensure all smoke barrier penetrations are sealed using approved fire-stopping materials. Continued Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

OSL321

Division of Health Care Facilities FORM APPROVED						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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NAME OF	NAME OF PROVIDER OR SUPPLIER STREET A				05/01/2017	
BLEDSOE COUNTY NURSING HOME  107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367						
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES					
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N 831	maintain the condit the overall nursing manner that the sai residents are assur.  This Rule is not me Based on observation maintain the physic environment.  The findings include Observation on 05/4 a penetration by a 3 cross corridor wall of (2012 Edition).  Maintenance staff videficiencies were identified over the condition of	shall construct, arrange, and ion of the physical plant and home environment in such a fety and well-being of the ed.  et as evidenced by: ion, the facility failed to all plant and overall ed:  01/2017 at 9:30 AM, revealed 2 Inch metal conduit in the of A-hall. NFPA 101, 8.3.5  was present when the lentified and the administrator deficiencies during the exit	N 831	4. The Director of Maintenance make an initial report on this fit and the other findings on this state as well as the corrective action implemented, to the QA/QI Committee at the next quarter meeting and for the next 3 quare meetings. The Assistant Administrator will brief the Governing (Body Bledsoe Count Nursing Home Board of Directo their quarterly board meeting in their quarterly board meeting in the property of the proper	nding survey,	
lvision of H	ealth Care Facilities					
ABORNOORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE  THE FORM  TATE FORM  TATE FORM  TATE FORM  TO BE T						
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